EMPLOYMENT APPLICATION

Diocese of Little Rock "Office of Catholic Schools

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

	Last Name		First	Middle		Date	
P	Street Address Home Telephone						
E						() Business Telephone	
	City, State, ZIP					()	
R	Have you ever applied for employment with us?		If yes: Month and Year Location		Social Security#		
S .	YES	NO	_				3
0	Position Desired Are you available for	full-time	If not, what hours can you Will you be able to work overtime if a				
N	work?		work?			ou be able to work overtime if asked?	
	YesNo					Yes	
A	Are you legally eligible for Yes No When will you be available to begin work?						
L	Church affiliation						
	Other special training (languages, machine of						
E	SCHOOL	NAME AND I	LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
D	Constitute					Yes	
u	Graduate					No	
						Yes	
С	College					No	
A	_						
Т	Business/Trade/					Yes	
I	Technical					No	
						Yes	
0	High School					No	
N						Yes	
	Elementary					No	

We may contact	DO NOT CONTACT			
the employers listed below unless	Employer Name			
you indicate those	Reason			
you do not want us to contact.	Employer Name			
	Reason			

	EMPLOYMENT	Please use accurate, complete full-time and part- time employment records. Start with your present or most recent employer.					
	Company Name	Telephone ()					
1	Address	Employed - (State Month and Vear) From To					
	Name of Supervisor	Starting Salary					
	State Job Title and Responsibilities	Reason for Leaving					
2	Company Name	Telephone ()					
	Address	Employed - (State Month and Year) From To					
	Name of Supervisor	Starting Salary					
	State Job Title and Responsibilities	Reason for Leaving					
3	Company Name	Telephone ()					
	Address	Employed - (State Month and Year) From Te					
	Name of Supervisor	Starting Salary					
	State Job Title and Responsibilities	Reason for leaving					
	Company Name	Telephone ()					
4	Address	Employed - (State Month and Year) From To					
	Name of Supervisor	Starting Salary					
	State Job Title and Responsibilities	Reason for leaving					
S I	The information provided in this Application for Employment is true and complete. If this application leads to employment						
G N A T U	any false or misleading information may result in my release. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.						
R E	Date Signature						